

N. B.—Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 13 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39695

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1008
(c) City St. Louis, Mo (d) Street No. Missouri Baptist Hospital St. 10682
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Carrie Ehrler

(a) Residence, No. 3958 Labadie St. 10
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Ehrler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 11 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At. Home

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

13. NAME John Hart

14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

15. MAIDEN NAME Anna Reller

16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

17. INFORMANT Louis Ehrler
(ADDRESS) 3958 Labadie

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Lebanon DATE Nov. 20, 1937

19. FUNERAL DIRECTOR John L. Linn & Undertaking Co.
(ADDRESS) 2707 N. Grand Blvd

20. FILED NOV 19 1937 J. T. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-20-37, to 11-17-37

I last saw her alive on 11-16-37. Death is said to have occurred on the date stated above, at 12:05 p.m.
The principal cause of death and related causes of importance were as follows:

Cor. Myocarditis Date of onset 1935

Other contributory causes of importance:

Hypothyroidism 1937

NO STONES
Name of operation Cholecystotomy Date of 11-15-37
What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) Nicholas S. Vitale, M. D.
(Address) 3861 St. Louis Ave

STATEMENT BY LICENSED EMBALMER

I, Elton R. H. Remelius, Licensed Embalmer No. 3154

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Elton R. H. Remelius

Licensed Embalmer No. 3154

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)